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CENTRAL FAX CENTERAppl. No. 09/489,667  
Reply to Office Action of December 21, 2004

FEB 21 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	09/489,667	Confirmation No.	6119
Applicant	:	DONOVAN		
Filed	:	January 19, 2000		
Title	:	CLOSTRIDIAL TOXIN DERIVATIVES AND METHODS FOR TREATING PAIN		
TC/A.U.	:	1600/1653		
Examiner	:	KAM, C.M.		
Docket No.	:	D2875		
Customer No.	:	33197		

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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9306, on the date indicated below.

2/21/05  
George L. Hall Jr.

AMENDMENT

Sir:

In response to the Office Action of December 21, 2004,  
please amend the above-identified application as follows:

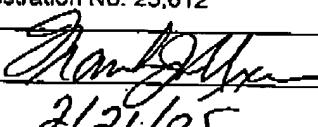
Amendments to the Claims are reflected in the listing of claims  
which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

FEB 21 2005

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/489,667
		Filing Date	1/19/2000
		First Named Inventor	Donovan
		Group Art Unit	1653
		Examiner Name	KAM
Total Number of Pages in This Submission	7	Attorney Docket Number	D2875

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form (in duplicate)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	2/21/05

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>	
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Typed or printed name	Greg S. Hollrigel
Signature	
	Date 2/21/05

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